

Center for Information Technology, NIH

Student Self-Certification School Verification Form

Student's Name: _____

Social Security #: _____

Name of School: _____

I certify that I am in good academic standing and that I am:

☐

Currently enrolled full-time

☐

Currently enrolled half-time

Semester/Quarter Hours

☐

Will be enrolled full-time/half-time on:

Date

Anticipated Graduation Date:

Major:

Total Semester/Quarter Hours Earned:

Note: You must provide either a copy of your transcripts or a list of courses that includes course name, date course(s) taken, semester/quarter hours earned, and each grade attained with your application.

Name/Address/Telephone Number & Email:

Date: _____

Student Signature: _____